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## Orthodox Medicine Humanistic Medicine Holistic Health Care

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IN THE DECEMBER 1979 issue the editors began a forum for discussing orthodox medicine, humanistic medicine and holistic health care. The response from readers has been so great that contributions to the forum no longer can be accepted. A future issue of the journal will carry a summary of the dialogue and discussion.

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### Holistic Medicine: Reactivation of an Old Aspiration

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IN THE EVOLUTION of Medicine, there have been several swings of the pendulum between comprehensiveness and specialization. The holistic medicine movement can help us to make the practice of medicine more successful. Open-mindedness about treatment modalities and good human relations with patients and their families can go far toward that goal.

#### Historical Background

The original *medicine man* was probably a very eclectic person. He did not confine himself to either the body or the mind, nor to any subdivisions of the mind or the body. Hippocrates, Galen, Avicenna and Paracelsus used an approach that considered the whole person.<sup>1</sup>

In the 18th century there began a separation of the mind and the body in the field of medicine. In the 19th century and early 20th century this separation became accentuated. Physicians who treated the body acquired a great devotion to the

scientific method. Physicians who treated the mind became fascinated with the discovery of the unconscious.

In the latter part of the 19th century there began a trend to unite the two artificially separated fields—the mind and the body.<sup>2</sup> Canon and Pavlov were very influential. Adolf Meyer introduced the term *psychobiology* as an attitude toward the individual person as a totality, in a longitudinal, rather than a cross-sectional, view. Terms such as *psychosomatic*, *comprehensive* or *total* medicine were introduced or revived. In 1919 Southard used the term *social psychiatry*, in a book co-authored with a social worker. The concepts of physical and mental hygiene gained acceptance. Since World War II there has been a gradual evolution of rehabilitation—physical, vocational, social, psychological. Selye's work on stress opened new vistas. Rahe, Holmes and others have attempted to measure the stressfulness of "recent life changes." The influence of type A and type B personality or behavior is being studied.

The trend to more enlightened and humane practice has continued. Forces that accelerate and shape it come from many sources. Manifestations of the trend are terms such as *holistic medicine*,<sup>3</sup> *integral medicine*, *humanistic psychology*, *consciousness-raising*, *bio-psycho-social* and so forth.

#### The Challenge of Holistic Medicine

Holistic or humanistic medicine is a manifestation of the desire for a better quality of life. Its beneficial effects will be in proportion to the extent to which its concerns are incorporated into the practice of the individual physician and into the practice of medicine in general. Therefore, we should retain our scientific strivings, but we should give equal importance to humanistic strivings. THE WESTERN JOURNAL OF MEDICINE is performing a valuable service in opening up its pages to input on this subject from its readers.

Physicians are faced with a dilemma. The revolution of rising expectations requires that we learn more of the facts and theories presented by the explosion of medical scientific knowledge. At the same time, it requires that we become more proficient in the *art* of medicine—handling rapport with our patients, facing complicated ethical problems, dealing with our own conscious and unconscious motivations, communicating with a patient's relatives, and the like.

The challenge is constant, vast and intricate.

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The following suggestions, although very limited, may facilitate this process.

### Some Practical Suggestions

- *Awareness of our limitations.* No doctor can know all that is needed to be known about every problem brought by every patient. No doctor can establish and maintain the *therapeutic alliance* with every patient. There are limits to our knowledge, empathy and compatibility. Therefore, we should be prepared to refer certain patients to a colleague, without feeling that such an event diminishes our professional stature.

- *Acceptance of moments of anger.* Even in the best of relationships, there are conflicts and misunderstandings. The doctor and the patient are better off if they accept this and deal with it constructively.

- *Repetition and feedback.* It is important to ask the patient to state, in his own words, his understanding of the doctor's words. Conversely, it helps for the doctor to paraphrase his understanding of what the patient has said. In this manner, both sides know that they have been understood. The doctor should accept also that the learning process requires repetition.

- *Meeting the patient's expectations.* The patient may have a clear preference as to how his case is handled. This can be determined by asking "How would you like me to help?", or "Is that all right with you?", or "What are your thoughts about that?" It is important to be willing to negotiate with the patient, even at the risk of being somewhat manipulated. In this manner we decrease some conscious and unconscious resistances.

- *Using the power of suggestion.* This is a strong force, for health or for illness. The patient should be told that it is a normal resource at his disposal. When the patient feels in harmony with his doctor, his morale is high. Then, the patient is more likely to follow instructions, to benefit from them, and to use the power of suggestion in a positive manner.

- *Accepting the reality of the patient's self-report.* Pain and other subjective symptoms are hard to describe. However, the most real things occur "in the minds of men." Even if the physician has no organic explanation for a symptom, he should respect it as a sincere statement of fact, as perceived by the patient.

- *Communicating with "significant others."* With the patient's consent, the physician can

initiate such communication. Thus, the physician can obtain more objective information and he can exert a beneficial influence on how the family handles the illness. However, confidentiality should be maintained.

- *Open-mindedness about treatment modalities.* The human body and mind are extremely complex. The patient has a right to try other modalities. Most of the time, it is not a matter of life or death. Open-mindedness may mean making a referral, or waiting while the patient explores other modalities, or learning a technique such as acupuncture, hypnosis, biofeedback or dream interpretation.

- *The importance of pain.* Chronic or recurring pain should receive more attention from the physician. Pain is a real, widespread, and demoralizing factor. Pain is a complicated and individualized phenomenon. Its treatment requires detailed input from the patient, a multi-modal approach, patience, long-term goals and repeated encouragement to the patient.

- *Taking care of the doctor's well-being.* This means, generally, good physical and mental hygiene. The doctor should be able to *decompress* himself by indulging in occasional fantasies of anger against the patient who frustrates him. He should limit the number of especially frustrating patients, so that they do not exceed the limit of his ability to tolerate them with kindness and empathy. An overdose would be detrimental.

### REFERENCES

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2. Lewis NDC: American psychiatry from its beginnings to World War II, In Arieti S (Ed): American Handbook of Psychiatry—Vol. I. New York, Basic Books, Inc., 1974, pp 28-42
3. Shealy CN: What is holistic medicine? Medical Tribune, Jan 23, 1980, p 13

## Holistic Medicine and Unscientific Cults

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MY COMPLIMENTS TO YOU for opening a forum for discussion on the current craze of holistic medicine. The last few years have seen an unusual phenomenon in the politics of health care. There

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